

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5TH Floor
Phoenix AZ 85007-2934
(602) 542-5141

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

- ☐ Permanent change of area of service – Give specific purpose of change: _____

- ☐ Temporary change for date(s) of: _____

1. Licensee's Name: _____
Last First Middle
2. Mailing Address: _____
City State Zip
3. Business Name: _____ LICENSE #: _____
4. Business Address: _____
City COUNTY State Zip
5. Business Phone: (_____) _____ Residence Phone: (_____) _____
6. Do you understand Arizona Liquor Laws and Regulations? ☐ YES ☐ NO FAX # (_____) _____
7. Have you received approved Liquor Law Training? ☐ NO ☐ YES When? _____
8. What security precautions will be taken to prevent liquor violations in the extended area? _____

9. Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☐ NO
10. IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

******After completing sections 1-9, take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.**

This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

(Authorized Signature)

(Title)

(Agency)

I, _____, being first duly sworn upon oath, hereby depose, swear and declare,
(Print full name)
under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

X _____ State of _____ County of _____
(Signature of Owner or Agent) SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

Day Month Year

My commission expires on: _____
(Signature of NOTARY PUBLIC)

Investigation Recommendation ☐ Approval ☐ Disapproval by: _____ Date: _____

Director Signature required for Disapprovals _____ Date: _____